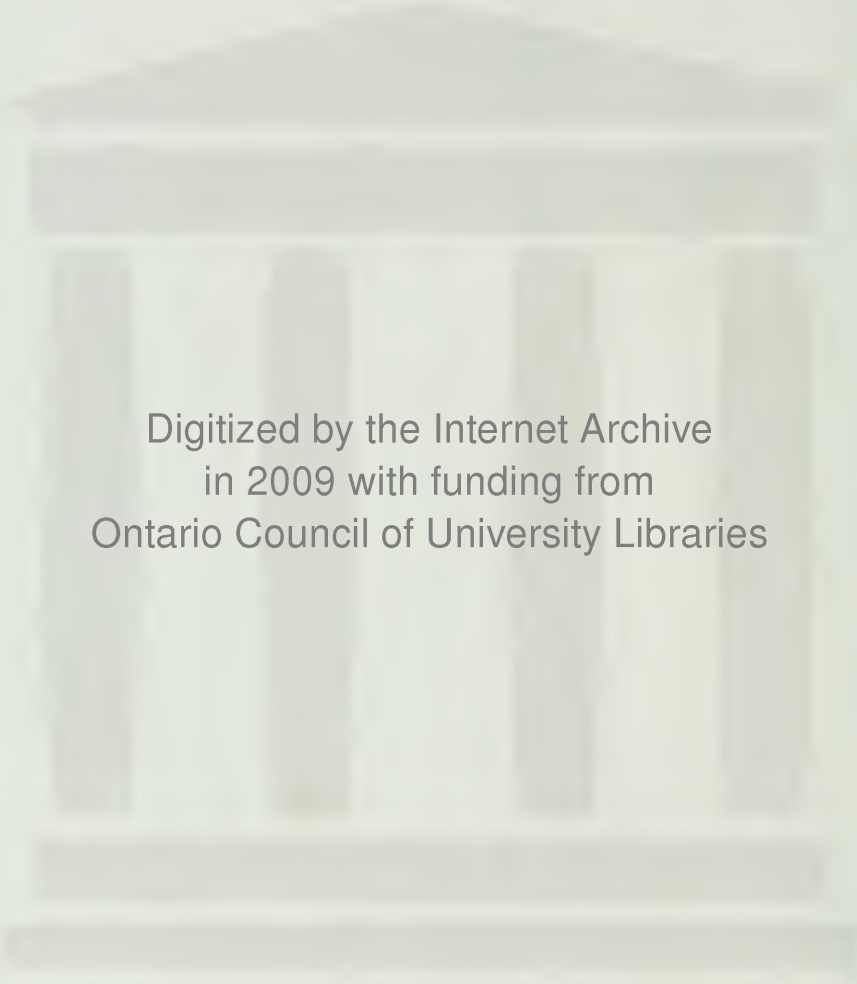




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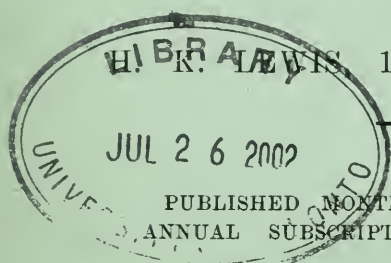
THE BRITISH JOURNAL OF DERMATOLOGY

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JULY, 1908.

GRANULOMA ANNULARE.*

By E. GRAHAM LITTLE, M.D., F.R.C.P..

Physician to the Skin Department, St. Mary's Hospital.

A CONSIDERABLE number of cases has been reported of a type of disease, concerning which there is a great diversity of opinion, and a corresponding diversity of nomenclature. The names under which these cases have been described—if they are all accepted as of the same type—are as follows: Ringed eruption (Colcott Fox, 1895), Eruption chronique circonée de la main (Dubreuilh, 1895), Lichen annularis (Galloway, 1899), Granuloma annulare (Radcliffe-Crocker, 1902), sarcoid tumours (Rasch, 1903), Neoplasie circonée et nodulaire (Brocq, 1904), Erthymato-sclerosis circonée du dos des mains (Audry, 1904), Tumores benigni sarcoidei cutis (Galewski, 1908). I propose in the following paper to discuss the question of the relation of these cases one to another, and their common symptoms, for I personally now believe that all the cases are related.

I am naturally reluctant to differ in this point from the expressed opinions of Drs. Radcliffe-Crocker and Galloway, who have maintained the differentiation of these two types of cases; Dr. Radcliffe-Crocker however has recently confessed to his keeping an open mind as to the

* Paper read at the Dermatological Section of the Royal Society of Medicine on June 18th. 1908.

possible future identification of the disease which he called "Granuloma annulare" with the disease called by Galloway "Lichen annularis," and it is obvious that all the other recorded cases fall into one or other of these two categories.

I have had, as I think, six instances of the disease under my own observation, and have seen several other of the cases described in the synopsis submitted in the appendix. I have also, by the kindness of individual friends (whose favour is in each instance acknowledged), had opportunities of examining sections of eleven cases other than my own, and of my own in four out of the six cases, so that in fifteen cases I have been able to compare the histological appearances. What I have to say, therefore, is founded very largely on my own observations both clinical and histological, and I have, at any rate, convinced myself that it is possible to reconcile the differences indicated in the very diverse terminology adopted, and that it is worth while trying to do so.

Accepting the identity of the affections under the disguise of this plurality of names, six memoirs of importance have been published on this subject—those of Galloway (1899), Radcliffe-Crocker (1902), Rasch (1903), Audry (1904), Brocq (1907), and Galewski (1908). Brocq closes his description of the disease with these words: "Il est donc impossible de dire à l'heure actuelle s'il s'agit là d'une affection bien définie, ou de plusieurs dermatoses ayant un aspect à peu près identique; c'est une question à reprendre de fond en comble." In order to enable the reader to make as complete a survey as possible of this field of disease I propose to offer a short abstract of all the cases hitherto published, and to add detailed descriptions of those cases as yet unpublished which have been communicated to me by the kindness of friends, and of those cases which have come under my own observation; these latter I shall reserve to the end of my paper. It will be noted that I have excluded from my list a series of cases recorded by Jonathan Hutchinson, sen., which are included in Dr. Galloway's collected examples of the disease published in 1899. No histological investigation of these cases was made, however; the notes are scanty, and the clinical facts observed do not, to my mind, justify their inclusion in the same category as the cases I am about to describe, while the absence of histological detail leaves their nature quite problematic.

REPORT OF CASES.*

I. Colcott Fox, *Brit. Journ. Derm.*, 1895, p. 91. (February 13th, 1895.) A girl, aged 11 years, with "an unusual ringed eruption on the fingers."

On the flexor aspect of the left ring-finger there was a ring of eruption extending from the proximal phalanx to the distal phalanx and half way up the sides of the finger. This oval ring was characterised by a smooth, rounded, projecting border, white in colour, doughy in consistence, quite an eighth of an inch wide and one-sixteenth of an inch in height. The enclosed area was normal or perhaps a little reddened. There were no subjective symptoms except that the border was slightly tender on pressure. On the little finger of the right hand was a similar ring, but rather smaller and broken up in places into rounded nodules. The affection was cutaneous, and seemed to involve all the layers of the skin. The mother stated that the rings each began in a nodule, before Christmas, and gradually extended peripherally. There were no rheumatic nodules, and the only suspicion of rheumatism was some slight aching in the shoulders after walking. She had never suffered from rheumatic fever.

Fox considered the case an indolent form of inflammation "allied to Erythema elevatum diutinum."

II. Colcott Fox, *Brit. Journ. Derm.*, 1896, p. 15. (December 11th, 1895.) Ringed nodular eruption in an infant aged 2 years.

On November 30th there were twelve or fifteen ringed erythema-like lesions, up to the size of a thumb-nail, on the buttocks and backs of thighs. They were in all stages from a nodule the size of a split-pea to the full-formed lesion; these were in the substance of the skin, felt thick, and projected slightly. They were indolent throughout, discrete, perfectly smooth, of a dull red colour, and depressed or "atrophic" (?) in the centre. The mother said the lesions appeared in the very hot weather—she thought in August—and none had gone away. She pointed out two recent lesions, not yet ringed. The child was well nourished and healthy. On December 7th the eruption was declining, and the continuous border breaking up into papules.

III. Dubreuilh's first case, "Eruption circinée chronique de la main," *Annales de Derm.*, 1895, p. 355.

The patient was a woman, aged 33 years, in fair general health, but nervous and constipated, with no past illnesses of importance, but some family history of rheumatism. She had suffered from chilblains up to the age of sixteen.

* The figures in Roman numerals refer to the number of the respective case in the synopsis, the figures in ordinary numbers to the series of the individual observer.

The disease had commenced five years previously with hard, pale swellings on the radial edge of the two index fingers and the left thumb. These slowly grew larger eccentrically, the skin becoming depressed in the centre, but this finally returned to normal state. Within the previous four or five months new lesions had appeared as lenticular patches on the dorsal surface of the first phalanx of the index and middle finger of both sides. These swellings were the size of a lentil, slightly paler than the normal skin, rounded, about 1 mm. high, and covered by true epidermis, which was slightly scaly. The raised edges were surrounded by a reddened border as hard as keloid, movable with the skin and completely painless. On the left index finger the lesion formed nearly a complete circle about 4 mm. large; on the left middle finger a semi-circle 2 mm. in diameter and on the middle finger and thumb segments of a circle of 1-3 cm. in diameter.

All the lesions disappeared rapidly under the use of ung. ichthyol, followed by Vidal's ointment.

The section taken from the left middle finger (and therefore of recent appearance) showed little change in the epidermis; the granular layer in the section of the raised edge was diminished, the other layers of the rete were normal. The epidermic interpapillary growths were flattened, and the papillæ flattened and widened. In the middle zone of the corium there was a focus of diffuse cell infiltration, the cells being large, rich in protoplasm, and approximating to the fixed connective-tissue cells; very few mast cells were seen, and no giant cells. This focus of infiltration respected the superficial layer of the corium and the deeper layers, the sweat glands being unchanged. The connective tissue and elastic tissue did not appear altered, the cells being in masses between the connective tissue fibres. In the central part of the focus of infiltration the nuclei coloured imperfectly, but the connective and elastic tissue continued unaltered in this zone (coagulation-necrosis). No micro-organisms were discoverable by methylene blue, polychrome blue, or Gram-Weigert.

Dubreuilh considered the nearest analogue of this affection was Lupus erythematosus, but points out that the clinical aspect of the latter disease when occurring on the hands does not recall in any way the appearance of this case.

Dubreuilh's subsequent cases, *Annales*, 1905, p. 65.

IV. (1) Henry B—, aged 19 months. Good family and personal history. Disease had commenced four months previously with a group of papules, white, hard, smooth, and umbilicated, over the tendo Achillis on both sides. They were not painful or itchy, and disappeared, within two months. Fresh lesions, however, appeared, about fifteen altogether, of the same type—ringed and circinate groups, situated on the front of the knees and the legs. The enclosed skin was slightly depressed, a little purple, but otherwise normal. On the right leg one of these patches, the size of a franc piece, showed a centre not depressed, but raised above the level of the edge with hardened sclerodermic skin, and a deep infiltration below the patch, of the consistence of a lipoma.

Upon the palmar surface of the right index there was a group of these nodules.

not ringed. Upon the right temple there was a subcutaneous tumour the size of a pea, hard and adherent to the periosteum (exostosis?). A year later other lesions had come on the feet and over the mastoid and on the forearm. Two types were distinguished in this case: (1) Superficial ringed patches, on the feet, and (2) deep-seated nodules. The latter were of pasty consistence, not adherent to periosteum, but in the substance of the skin. There seemed a tendency to recrudescence in spring during about three years, the individual lesions lasting a twelvemonth or more. The lesion left no mark in disappearing.

V. (2) Noemie C—, aged 26 years, a nervous but healthy woman. Disease had commenced four to five years previously with a white hard pimple in the third interdigital space. This initial lesion grew peripherally and became depressed in centre, and disappeared, apparently spontaneously, in two months. Others appeared on the left index and back of left hand. They were quite painless and non-itchy, but when pressed laterally gave a sensation of pricking. They disappeared without scarring.

VI. (3) Gabrielle S—, aged 18 years, in good health and with no family disease. The disease had commenced two years previously on the left hand, and had involuted when seen, but new lesions in the form of rings had appeared on the index; the rings were made up of small papules, hard, pale, ill demarcated, and forming part of substance of the skin. They were absolutely indolent, and even less sensitive than normal. This eruption disappeared within two months, but a year later fresh lesions came on the left index, which on pressure gave a sensation of pain as well as of pricking.

VII. An unpublished case of Dubreuilh's (communicated).

Boy, aged 3 years, well developed and healthy. When seen he had two nodular indolent circles. Disease had commenced eighteen months previously on the radial edge of the left hand, with a hard nodule which disappeared after some months. Some time later another lesion, a circle of nodules, made its appearance on the back of the same hand at the level of the metacarpo-phalangeal joint of the index. This circle was of the size of a lentil, 20 mm. by 15 mm.; it had persisted without enlarging for some time; it varied in the sense that it was more noticeable at certain times than at others, but it had never disappeared during the previous eight months; the circle had, however, greatly enlarged eccentrically, and had become bilobed so as to almost form two circles intersecting; and at the point of intersection, which corresponded to the initial site of the lesion during the previous month, there had appeared a nodule as large as a hemp seed and more prominent than the rest of the lesion. The edge of the circle was about 2-3 mm. wide, hard and prominent; its colour was slightly paler than the surrounding skin and the epidermic covering; it seemed somewhat smoother than normal, probably because stretched, without, however, having lost the natural folds or markings of the skin, which remained visible with a lens.

The edge was perceived by palpation to be made up of a chaplet of hard nodules more or less confluent, of the size of a millet seed, and of a nearly cartilaginous consistence, situated in the superficial layers of the skin, and embodied in it, the skin below and around being perfectly normal. The area of skin enclosed by this edge was perfectly normal, except that in one place there was a

nodule larger than those forming the edge and of the same type. There was not the slightest infiltration or redness of the surrounding skin. The lesion was absolutely indolent, and neither itching, nor pain, nor tenderness was felt.

Over the right olecranon process there was an indolent subcutaneous nodule the size of a lentil, perhaps slightly adherent to the bone, independent of the skin, which was normal. It was difficult to feel, and formed a slight relief when the part was stretched by forcible flexion of the elbow.

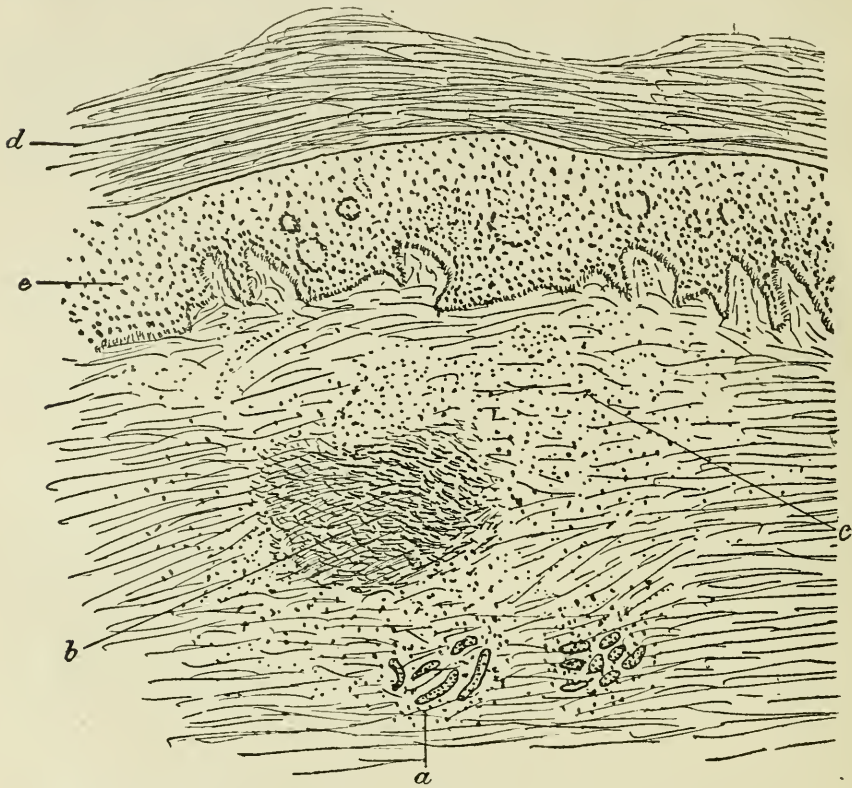


FIG. 1 (drawn with camera lucida).—Dubreuilh's case. (Leitz objective 3; ocular 2.) *a*. Sweat-coils with infiltration. *b*. Nodule of necrosis. *c*. Broken up collagen with diffuse infiltration. *d*. Stratum corneum thickened. *e*. Rete thickened. Section stained with cochineal alum. (Lent by Professor Dubreuilh.)

The child was otherwise in perfect health. The father was rheumatic. The mother had been subject to migraine and urticaria for eighteen months.

The child was treated with syrup of orange and sodium iodide.

Professor Dubreuilh kindly sent me several sections from this case, examination of which showed (see Fig. 1):

The stratum corneum, granular layer and rete are all much thickened. There

is a dense infiltration of cells in the middle and lower parts of the corium. The cells are in places diffusely scattered between the fibres of the collagen, in other places grouped in densely-packed masses surrounded by collagen. The cells are largely composed of connective-tissue corpuscles and large mononuclear cells. In one cell-mass of this kind, forming a microscopic nodule, the centre is degenerated and stains poorly, both as regards cells and connective tissue (necrosis).

The sweat-coils seem rather large, and are surrounded by proliferated cells. The fat zone was not included in the section. The appearance of the corium in this section is very like that of Hilda M—. The thickening of the epidermis is unique in this case, as well as the increase of the granular layer.

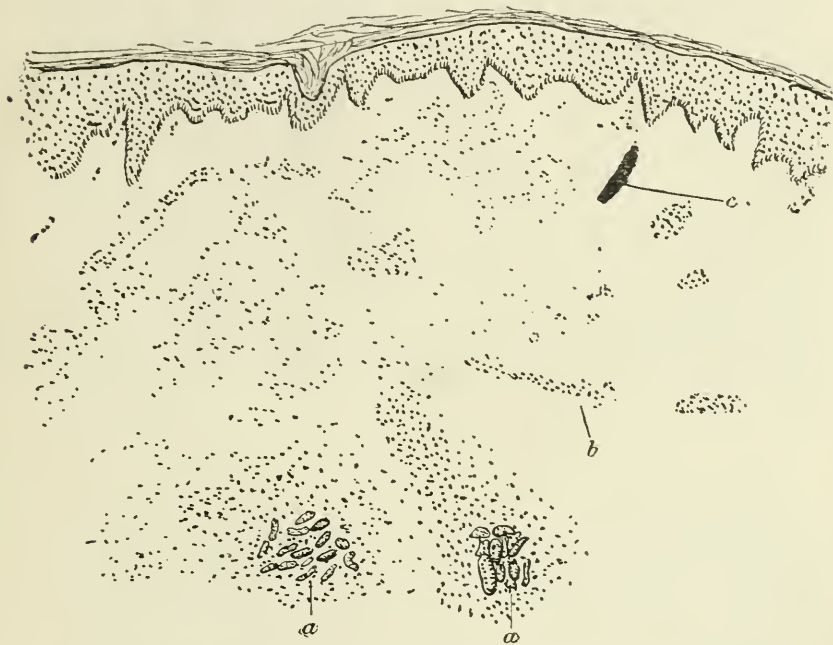


FIG. 3 (drawn with camera lucida).—Galloway's case. (Leitz objective 3; ocular 2.) a. Sweat-coils with infiltration. b. Vessel with infiltration. c. Hair shaft. Section stained with polychrome methylene blue. (Lent by Dr. Galloway.)

VIII. Galloway's case, *Brit. Journ. Derm.*, 1899, p. 221. (First seen November, 1898.)

Patient was a boy, aged 10 years, pale, undergrown, and subject to fits up to the age of six. Never had rheumatism, and no family history of rheumatism. No visceral disease detected.

The skin lesions had persisted for at least three years, and had commenced as nodules near the knuckles, and had slowly spread to form rings consisting of a pale white elevated border showing circular or circinate outlines; the border was raised one or two millimetres above the skin and was about three millimetres in

breadth; it was smooth and did not present evidence of increase of epithelium nor of papillomatous structure; it was not reddened; it had the aspect of deep-seated infiltration of the cutis. The area of skin enclosed within the ring was apparently normal, but on more close examination was distinctly altered, normal wrinkles being no longer obvious, and slight signs of atrophy being present. The lesions had commenced as small papules or nodules in the centre of the areas afterwards affected, and had advanced by peripheral increase.

The distribution was chiefly on the dorsal and lateral aspect of the fingers, the thumb, index and third finger of right, and thumb, index, third and fourth of left hand. One such lesion occurred on the pinna of the left ear.

He was treated with salicylic acid ointment and cod-liver oil internally. He improved, and within six months (May, 1899) the eruption had almost completely vanished. But three years later (May, 1902) this patient was again shown by Dr. Galloway with the history that the eruption had reappeared chiefly on the fingers and with the same features as at the previous exhibition.

Histologically the lesion was found to consist of an infiltration of cells in the corium below the papillæ, the cells being arranged in clumps. The infiltration became less dense towards the hypoderm, but more profuse in the neighbourhood of the coil glands. The cells were larger than ordinary leucocytes, rounded, and with a considerable quantity of protoplasm surrounding the nuclei. Others were elongated or spindle-shaped like connective-tissue cells. Mast cells were not numerous. There was great accumulation of cells, constituting a nodule, and the central area was apparently degenerated. Connective and elastic tissue were partially displaced by the cell masses, but were present even throughout areas in which degeneration had occurred.

Dr. Galloway kindly lent me a photograph and a section from this case, which he has allowed me to reproduce (see Plate, fig. 2).

Galloway considered the analogies with *Lichen planus* to be the nearest, and hence gave the name *Lichen annularis* to this group, carefully differentiating it in a footnote from *Lichen planus annularis* (*loc. cit.*).

Radcliffe-Crocker's cases (*Brit. Journ. Derm.*, 1902, p. 1).

IX. CASE 1.—Male, aged 20 years, in good health. Disease had commenced four years previously on right wrist and extensor aspect of root of thumb, with flat nodules the size of a split-pea, pale red, and slightly itchy. Fresh lesions appeared on the back of the right and left hand, and on the fingers, on the scalp, on the nape of the neck, over the mastoids, on the right ear, the right inner canthus and the right lower jaw.

The patches were made up of "aggregations of papules" of a violaceous colour, finely scaly; they underwent involution in the centre and formed irregular gyrate patches. All patches showed a narrow red areola; some became yellowish in colour as they faded.

The patient was thin, and not strong, but showed no definite illness. Five sisters and one brother had "weak chests," but no deaths from phthisis were reported.



FIG. 2.—DR. GALLOWAY'S CASE



FIG. 6.—DR. J. H. SEQUEIRA'S CASE.

TO ILLUSTRATE DR. GRAHAM LITTLE'S PAPER ON GRANULOMA ANNULARE.

Dr. George Pernet was good enough to lend me two sections prepared by him from this case, examination of which showed the following features (Fig. 4):

The stratum corneum, the granular layer and rete generally are slightly thickened. There is a dense cell-infiltration in the pars reticularis and hypoderm, the zone containing sweat-coils being especially involved. In this part there is an area of apparent destruction of tissue in the middle of a nodule of infiltration (b). Fat lobules were not included in the section. The infiltration became less dense towards the upper part of the section. There were clumps of cells

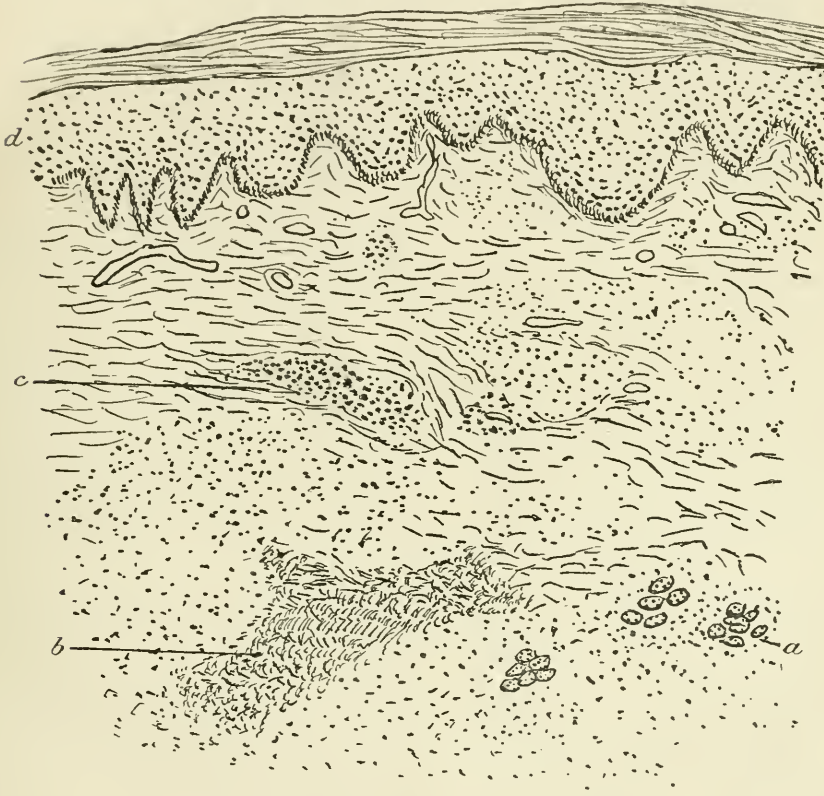


FIG. 4 (drawn with camera lucida).—(Leitz objective 3; ocular 2.) a. Sweat-coils with infiltration. b. Area in which feeble staining occurs (destruction of tissue). c. Clump of cells, walled in by collagen. d. Thickened rete and stratum corneum. Stained with hæmatoxylin eosin. (Section lent by Dr. Pernet.)

surrounded by connective tissue (c) in this part and a less marked, not aggregated infiltration, chiefly around vessels in the papillary body. The cells appeared to be connective-tissue and mononuclear cells. No plasma cells were seen in sections specially stained for them. The elastin was not stained in either of the sections submitted.

X. CASE 2.—Male, aged 21 years. Had had ordinary warts for two years. Lesion, when seen, was a gyrate patch with raised border of yellowish-white colour, and with red areola, situated on back of right hand; this had commenced as a "mattery head," which had been picked, and had scabbed over. There was also a patch at the root of the right thumb, an annular patch made up of hempseed-sized papules; a nodule just above this; a group of nodules on the nape of the neck.

One brother had died of phthisis, aged 21 years. The patient showed no sign of ill-health.

XI. CASE 3.—Female, aged 52 years. Disease had been present two months; lesion consisted of circinate groups of papules and isolated nodules, partially coalesced and with depressed central area; one patch had come out "within three or four days." The situations were the left wrist, the nape of the neck, the ulnar border of the palm.

The patient was bronchitic; her father, mother, sisters, and three of her eleven children had died of phthisis.

Three months later one portion of the patch on the wrist had inflamed, apparently as result of laundry work, and had become suppurative. No new lesions had appeared, but the original area had enlarged. Salicylic and creasote plaster seemed to have effected a cure three months later.

XII. CASE 4.—Male, aged 11 years. Disease had lasted a year; the first lesion was a flat wart, or described as such; it enlarged slowly and formed a ring. When seen there were white nodules and papules forming rings, with a pink border and dusky red, slightly atrophic centre. Some of the papules formed irregular, not ringed, groups. The situations were, the left and right elbow (where the disease began), the wrists, and the knees. The disease was cured with Beiersdorf's mercurial plasters. The patient had had sunstroke, but was healthy. Gouty (paternal) history. No mention of tuberculosis.

XIII. CASE 5.—Crocker and Pernet.—Male, adult. The lesions consisted of a circinate patch made up of nodules on the metacarpo-phalangeal joint of right index; the duration and subsequent history are not given.

XIV. CASE 6.—Young adult male. Circinate lesions on backs of both hands and outer side of left index finger. The border was formed by elevated, smooth outline of bluish-red colour, enclosing areas of skin more pigmented than normal, and showing slight signs of atrophy. No details are given of personal or family history, duration of disease, or result of treatment.

Pringle's cases.

XV. CASE 1 (*Brit. Journ. Derm.*, 1899, p. 435).—Male, aged 18 years. Family history good and personal health excellent.

Disease had commenced with a circular patch three-quarters of an inch in diameter, composed of ten abruptly raised papules or nodules averaging the size of half a split-pea, firm to the touch, bright pink in colour, obtuse at summit which was capped with thick, white epidermic scales, their general appearance being distinctly "warted." The skin intermediate between nodules was normal in

colour, but its natural lines were perhaps somewhat deepened. The skin surrounding the lesion was absolutely natural in every respect.

Three similar nodules, arranged in a line, existed immediately behind the left angle of the jaw, and half-a-dozen were arranged in crescentic fashion so as to form a fairly accurate semi-circle behind the angle of the jaw on the right side of the neck. On the back of the right wrist was a horizontal band three quarters of an inch in length and about one line in width, made up of very flat papules, angular in outline, pale greyish-pink in colour, and shiny at the top, resembling a series of verrucæ planæ or the warty type of *Lichen planus*. Over forehead



FIG. 5.—Pringle's case. (Leitz objective 3; ocular 2.) *a*. Dilated sweat-ducts and coils with slight cell-infiltration. *b*. Vessel. *c*. Vessel with infiltration. Stained with rubin-orange hæmatoxylin. (Lent by Dr. Whitfield.)

in both temporal regions and extending about two inches into the scalp were more than twenty distinctly inflammatory papules, not grouped, with adherent dry scales and of warty appearance.

The patient stated that the "spots" had appeared on the neck eight months previously, that the grouping became noticed four months later and had remained

unchanged for four months. The other lesion had come later. There was occasional itching.

In the discussion which followed the exhibition Dr. Radcliffe-Crocker is recorded as having identified this case as similar to the cases pictured by him in his *Atlas* as variants of *Lupus erythematosus*, with some resemblances to *Lichen planus*; Dr. Galloway as having thought the wrist lesions might be an early stage of the condition described by him as *Lichen annularis*."

No sections were obtained in this case.

XVI. CASE 2.—This was a boy, aged about 10 years. Shown at the Dermatological Society of London on the same day as my case of Hilda M—, and it was recognised by all present that the two children had the same disease. The boy had ringed lesions of exactly the same type as the girl, some of which were situated on the thighs as well as on the hands. Notes of the case were mislaid, so that no details could be furnished; and he was not apparently seen again, but a section was procured from one of the lesions, and I owe to Dr. Whitfield the gift of one of these sections (Fig. 5), examination of which showed:

The epidermis was unaltered.

The section showed very little beyond distinctly enlarged sweat-coils, round which a slight cell proliferation was visible. With a low power it gave the appearance of a nodule in the deepest part of the corium, and from this as a centre a few rows of cells extended upwards into the upper part of the cutis. The cells were chiefly connective-tissue cells.

XVII. Dr. Sequeira's first case, *Brit. Journ. Derm.*, 1902, p. 270. (Derm. Soc. Lond., June, 1902.)

Male, aged 28 years, with "ringed eruption" upon dorsal surface of hands and fingers, which had begun two and a half years previously. There was history of phthisis on the mother's side; the patient himself was pale and thin, suffering from indigestion and bad teeth, and showing symptoms of cardiac disease. On the dorsum of both hands there was an irregularly oval patch, about the size of half a crown; the centre of each patch was "somewhat atrophic," and round the margin there were closely set smooth, pale red "spots," free from scales, measuring from one twelfth to one sixth of an inch across, circular, not angular as in *Lichen planus*. Similar but smaller ringed patches were present on the dorsum of both middle fingers, and two smaller and more recent "spots" on the back of the right middle finger.

No histological examination was obtained. Dr. Sequeira, in a letter dated March, 1908, writes: "I did not see the patient again after the meeting (June, 1902), but some six months later, wishing to show the case to my class, I wrote, and the patient came to see me at the hospital. The lesions had entirely disappeared, apparently spontaneously. There had been no treatment."

Dr. J. H. Sequeira has furnished me with notes of the following additional cases:

XVIII. CASE 2.—Florence H—, aged 8 years (see Plate, fig. 6). A characteristic example of "Granuloma annulare." The mother was indefinite as to its exact

duration, but it had lasted "several months." When seen, in June, 1904, she had a ringed lesion the size of a shilling on the dorsum of the right index finger just below the nail; the ring was composed of nodules, the enclosed central area being smooth. There were no subjective symptoms. A larger patch, the size of a two-shilling piece, was situated on the back of the same hand, below the cleft between the index and middle fingers. This patch also consisted of nodules forming a ring. There was another ring the size of a sixpence, composed of nodules, on the back of the right wrist. There was a ring the size of a shilling on the back of the left hand with exactly the same characters.

The patient was ordered to rub Ung. acid. salicylic into these lesions, and the disease completely cleared up in less than a month.

XIX. CASE 3.—Deborah B—, a Polish woman, aged 21 years. She was seen December 12th, 1907, when the disease had lasted for eight months. When seen there was a ring the size of a two-shilling piece on the back of the right wrist, and a similar but slightly smaller ring on the back of the left wrist. There was also a ring on the knuckle of the index finger at the junction of the proximal and the next phalanx. This had the same characters as the other lesions—a ring composed of nodules, with non-atrophic centre. No irritation was complained of. This patient was seen only once. Ung. hyd. oxid. rubr. was ordered, and the case presumably resulted in a cure.

XX. CASE 4.—A Polish girl, aged 8 years, seen February 19th, 1907, in whom a diagnosis of "ringed eruption" was made, but with some reservation. There were ringed patches on the palms of both hands and on the front of each ankle. No history was obtained as to the actual duration of these. There was some irritation in connection with the patches, and a liniment of menthol was ordered. The patient did not attend again.

XXI. Rasch and Gregersen's case (*Archiv für Derm.*, 1903, Bd. 64, p. 337).

Patient was a female, aged 33 years, with a good family history. The patient herself was conspicuously nervous, but otherwise well. No symptoms of tuberculosis. Eight years previously she had had on the dorsal surface of left index a whitish tumour of the skin, which she had destroyed herself with acid, after it had lasted for a year. There was a round, white scar left by this lesion, of about 1 cm. in diameter. For six years after she had nothing the matter with the skin, then there appeared again similar tumours on the fingers of the right hand. These began as quite small white prominences in the skin: some of them grew slowly to a cross section of about 1 cm., others involuted spontaneously, after lasting some months, without leaving any distinct mark or scar. There was no itching or smarting or subjective sensation of any kind. Patient was fair, pale and rather thin. Examination showed nothing abnormal with the exception of the condition of the fingers. Here there were four little swellings which were all on the dorsal surface of the fingers of the right hand. On the index between the first phalanx and the knuckle and between the first and second phalanges respectively there were two tumours, the first about 4 mm. in diameter, and the second 1 cm. in diameter. On the medius was found one small tumour, about 5 mm. in

diameter, and at the base of the little finger a swelling about 1 cm. in diameter. In the centre it showed an almost entire regression and so formed a ring. The skin within the ring was smooth, faintly atrophic: all the nodules were dry, white, or whitish-yellow in colour, like old ivory, with smooth, wax-like, shiny summits. They had their seat in the substance of the corium, and were movable on the underlying tissue. The only traces left by the tumours was a lentil-sized spot where the skin was slightly atrophic.

Nine months later the patient wrote that all the tumours, which had afterwards grown somewhat larger, suddenly entirely disappeared during a feverish attack of undetermined nature, leaving pale red spots.

Microscopic examination.—A piece of skin carrying a ring-patch was excised from the base of the fifth finger, was fixed in formol-Müller hardened in alcohol, imbedded in paraffin, and serial sections cut and stained with Hansen-v. Gieson; with hæmatoxylin-eosin; with thionine; with elastic-fibre stains (Unna Taenzer), with protoplasm stain of Unna, and with Ziehl-Nielsen. In the peripheral part of the tumour there were found in the earlier sections in the true skin, anastomosed blood-containing vessels. Their endothelium was natural, and the wall quite thin. They were surrounded by a cell-mantle, partly consisting of round cells, partly of cells of the type of connective tissue. Some of these cells had long spindle-shaped small nuclei, and their appearance did not differ from the usual connective-tissue cell. Others were plumper, with round or oval nuclei. These vessel-containing connective-tissue strands lay in the cutis proper, while the papillary body showed nothing abnormal; it was separated from the strands of cells already described by a normal-looking thin connective-tissue stratum. If one followed these strands to the tumour-mass, one found that the perivascular cell infiltration gained in breadth, and formed a thick sheath on the finer vessels. Little masses of round cells were seen between the connective tissue, which was also greatly increased in quantity. Between the connective-tissue bundles there were also lines of cells which had quite the same aspect as those around the vessels. These cell infiltrations in the meshes of the connective tissue were more strongly defined the further one got to the centre of the nodule. These cell-rows were in connection with the vessel-bearing rows of cells in the periphery of the tumour, and contained often quite small vessels which consisted of a simple endothelial tube. The endothelial cells were always normal without sign of proliferation.

The cell-forms in the central part of the tumour were of extraordinarily manifold shapes; cells with round or oval nuclei were in preponderating number; also pear-shaped cells with plump rod-like, crooked and other kinds of nuclei.

All these nuclei had a finely-granulated protoplasm in which single or few dot-shaped distinct nuclear bodies were found. The *cell-body* was also of varying forms; often it was quite big, with distinct protoplasmic processes, which were sometimes short, sometimes long and fine. Often the cell-body was spindle-shaped, or it formed a small collection round the nucleus, slightly filamentous at the edge. Mitotic figures were not observed, but many cells contained two nuclei, one being often placed alongside the other.

Occasionally one found bigger cells that contained as many as four nuclei which partly covered one another. True giant-cells were not observed anywhere.

By reason of the accumulation of cells the connective-tissue bundles were

dissociated, and were found as thinner or thicker divisions between the cell-masses, and merged without any sharp demarcation into apparently normal tissue. In preparations stained with v. Gieson-Hansen very fine connective-tissue fibres were found between the cells, a sparse inter-cellular substance forming.

On examination with an immersion lens it would appear as if these fine connective-tissue fibres were formed from cell-processes. Normal connective-tissue cells were not met with in the cell-masses, and it seemed altogether as if not only the perivascular (lymph space) connective-tissue cells proliferated, but that also the connective tissue at some distance from the vessels took part in the process.

Besides the already named changes, one found in the deeper part of the tumour-tissue irregularly formed areas in which the cells had undergone destruction. The necrosis became more marked and deeper the more one penetrated into the tumour-tissue; moreover it appeared with greater irregularity in that it showed bigger or smaller foci. In these places were found extensive myxomatous metamorphosis. Thread-like masses were seen in the peripheral part of the necrotic areas, which showed mucin reaction with thionine. The mucous degeneration of cells became more marked the further one got into the central part of the necrosed area, and mucin-formation in the cell-body was visibly accompanied by a disappearance of the cells, in that the contours of these became less distinct and disappeared, and the nuclei became paler and split up into granules and dispersed, so that in the centre of the necrosed areas one found only thread-like mucin masses that here and there contained *débris* of nuclei.

Between these mucin-masses were found connective-tissue bundles that showed up sharply as light blue trabeculae between the red-violet mucin-masses, and therefore did not appear to have undergone myxomatous changes. The transition of the necrotic areas to the living connective tissue was not well defined.

In the last of the serial sections one found only on one side of the section the already mentioned cell proliferation, while on the other side of the section (which contained the central regression of the ring-shaped lesion) was found "partly compact fibrotic, partly loose fibrillar, connective tissue." This last part seemed vascularised very much like normal skin, and the vessels were apparently quite normal, with the exception of a few round-cell masses in the periphery. In the neighbourhood of the cell-proliferation zone the connective tissue was infiltrated with rod-like nuclei, and with long thin connective-tissue cells that were continued into fibres. Here the connective-tissue bundles were thickly permeated with small long clefts. On the other side one found the connective tissue looser and not so rich in cells.

The transition from the cell-proliferation zone to the described part (which was about half as thick as the part of the skin containing the tumour) took place quite evenly and gradually. The masses of the elastic tissue appeared normal in the places where no cell proliferation was to be found. The sub-epithelial meshes in the papillary bodies were everywhere well maintained, and appeared in orcein-stained sections as a plexus with extraordinarily fine threads. In the places where the cell proliferations were observed, and where the tissue was wholly made up of cells, the elastic tissue was entirely absent. It appeared also to be missing in the necrosed areas, although the collagen bundles had here not been destroyed. Where

the cell strands were to be found and where the diseased tissue appeared between the connective-tissue bundles, one found a not inconsiderable quantity of elastic tissue which appeared in several places as if broken into fragments. In other places, and in the broader bands of connective tissue, it was seen as longer or shorter, curled or wavy, partly anastomosed fibres.

The small vessels round which the peripheral part of the cell proliferation was localised contained no elastic tissue; in the bigger vessels the conditions were normal.

In the epidermis, as well as in the sweat-glands, no pathological changes were found.

No plasma cells were found.

Ehrlich's mast cells occurred occasionally chiefly in the papillary body; round the vessels of the sweat-glands single mast cells were found. Between the proliferated cells in the cell rows and in the cell masses they were not found. There were no bacteria visible.

Brocq's cases.

XXII. CASE 1 (*Ann. de Derm.*, 1904, p. 1089).—Male "child," with "circinations" which had persisted for several months on the back of the fingers and partly on the sides and palmar surface; the rings had a diameter of 1-2 cm.; their edge was unbroken and enclosed a slightly depressed central area. Besides the rings there were nodular "patches," which were extremely indolent and which grew larger eccentrically, and in disappearing left definitely "cicatricial" appearances. The earliest lesion seemed to commence with a central wart, according to the maternal history. Vidal's plaster produced improvement. The child was otherwise perfectly well.

Brocq remarks at the close of his description that he had considered possible a connection between these cases and pulmonary tuberculosis, and consequently this affection "serait à rapprocher des sarcoïdes."

XXIII. CASE 2 (*Traité Elementaire de Dermatologie*, tome ii, p. 277).—A man; the affection had lasted for more than a year, and was situated on the dorsal surface of the fingers and the metacarpo-phalangeal joints. It was diagnosed as a special form of lupus, and treated with electro-cautery.

XXIV. CASE 3 (*ibid.*).—A young girl, with lesions on the fingers and hands; they were cured by the application of creasoted salicylic-pyrogallie plasters.

XXV. CASE 4 (*ibid.*).—Girl, aged 8 years, with lesions on the knees and tibio-tarsal articulation; they had lasted for two years.

In a courteous communication Brocq expresses his regret at the loss of the notes of these cases, which must therefore remain incomplete. He very kindly sent me several sections from his first case. Examination of these showed the following features (Fig. 7):

The stratum corneum is slightly thickened; the granular layer is two or three cells thick; the rete normal.

Focal accumulations of cells are seen almost all through the section, increasing in denseness as the hypoderm is approached. These masses of cells are seen to surround sweat-glands and coils, enlarged vessels and hair shafts, and they tend to become encapsulated by the dislocated connective and elastic tissue. But in some parts, especially deeper in the section, the collagen and elastin are split up and fragments lie among the infiltrating cells. In portions of the section the collagen stains with difficulty, as if it had undergone necrosis in circumscribed areas. Large masses of the fatty lobules of the hypoderm have become converted into fibrous tissue (sclerosis), which is also infiltrated with scattered cells; and the vessels in this zone are greatly dilated, thickened, and numerous, and

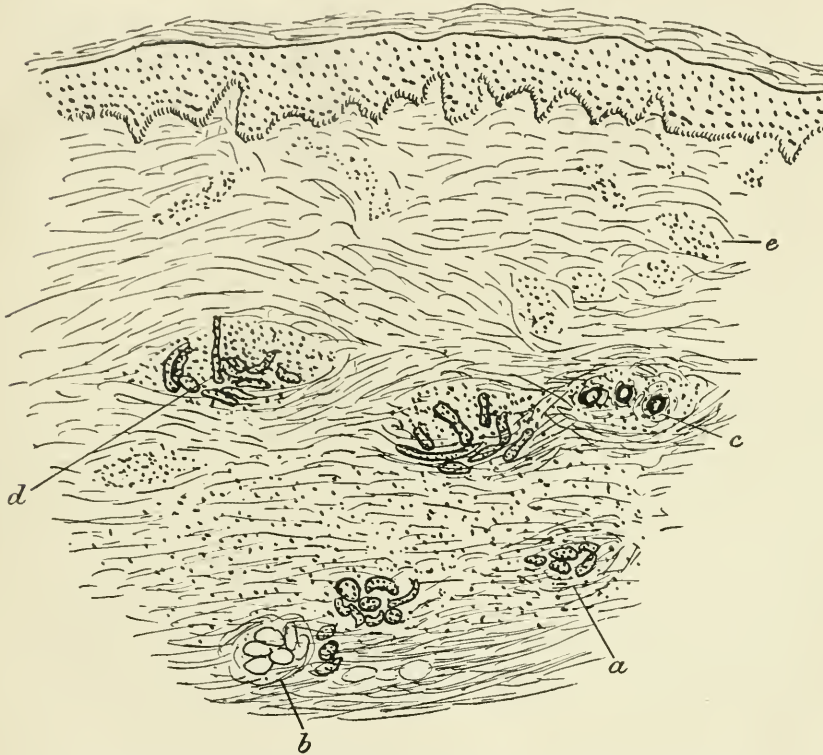


FIG. 7 (drawn with camera lucida).—Brocq's case. (Leitz objective 3; ocular 2.) *a*. Sweat-coils with infiltration. *b*. Fat lobules with fibrosis. *c*. Thickened vessels with infiltration. *d*. Sweat-ducts, forming centre of a nodule of infiltration, walled in by collagen. Stained with Hansen-v. Gieson.

surrounded by infiltrating cells; in many of the vessels the lumen is blocked and the vessel converted into a fibrous cord.

The cells consist of large mononuclear cells, connective-tissue corpuscles and epithelioid cells. No giant cells were seen, and no undue proportion of mast cells.

(To be continued.)

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

MEETING held at 20, Hanover Square, W., on Thursday, June 18th, 1908, Dr. H. RADCLIFFE-CROCKER in the Chair.

The CHAIRMAN announced that the Council had had it under consideration how best to show the cases at their meetings, for in view of the wealth of material brought forward it was becoming impossible to show them in the way adopted at the beginning of the session. It was proposed to try the method which was followed in the Clinical Section and had been followed in the Dermatological Society of Great Britain, namely to have the cases at 20, Hanover Square at 4.30 so as to allow time for examination before the meeting. The cases would then come up for discussion afterwards.

The following cases and specimens were shown :

Dr. H. G. ADAMSON showed a *case of sclerodermia (morphoa)* in a girl, aged 10 years. There was a characteristic patch of sclerodermia measuring one and a half inches by one inch, with a well-marked lilac border, situated on the back immediately to the left of the third dorsal spine, with its long axis horizontally. The exhibitor was inclined to the view that sclerodermia was a lesion of toxic origin and that it was not very distantly related to the scar-leaving erythemas. The case was shown because it seemed to lend support to this view. The lesion had developed rapidly (in two months) from an erythematous patch. Examination of the patch by palpation at once caused a very marked erythema of the skin immediately around, and there was an associated condition of factitious urticaria. Cases of sclerodermia had been recorded associated with rheumatic or arthritic symptoms, with urticaria, with peripheral neuritis, with Lupus erythematosus, and with changes in the thyroid gland—all of which conditions pointed towards some form of toxæmia.

Dr. PERNET said that he had long taught that sclerodermia was of toxæmic origin, and that his treatment of these cases had been based upon this assumption.

Dr. CROCKER said that there was nothing against such cases being toxæmic,

and, indeed, it was likely if associated with other evidence of toxæmia. He regarded them as mysterious cases.

Dr. J. L. BUNCH showed a case of *tuberculosis developing on the site of a vaccination scar*. The patient was a little girl, aged $7\frac{1}{2}$ years, who had been vaccinated when three months old. Portions of two vaccination scars were then visible, but the greater part of these scars was obscured by a red, scabbed, irregularly-shaped superficially ulcerating lesion, measuring about three inches by two inches. The edges were slightly thickened, the base of the ulcer showing granulations and at the margin some indefinite nodules of small size. The lesion commenced with one or two pinkish spots rather more than six months ago, which gradually increased in size, became more indurated and broke down forming a superficial ulcer. The parents were apparently healthy. They lost one child when it was quite small, but there was no history of tuberculosis in the family.

Dr. GRAHAM LITTLE showed (1) *a case for diagnosis* in a man, aged 37 years, with two large ulcers on the right cheek, in the midst of greatly thickened infiltrated skin. These ulcers were deeply excavated, the floor covered with granulation tissue; they had persisted in the present condition for about three months and had been preceded by an eruption of "sores" which would appear to have been syccosis of the beard, traces of which are still present. A similar eruption, apparently a pustular folliculitis, had been noted in the hair of the axillæ. The ulcers, when shown, were scabbed over with heaped-up rupia-like crusts; they were 1 inch $\times$ $\frac{1}{2}$ inch and $\frac{1}{2}$ inch $\times$ $\frac{1}{4}$ inch respectively; a scraping from the surface showed no spirochaeta.

No other symptoms were present with the eruption of some nebulae on the cornea. The pupil was widely dilated, the iris possibly adherent.

He had had at the age of fourteen a sore on the glans penis, apparently occasioned by phimosis and subsequent slitting of the prepuce. No specific history was obtained and no signs of congenital syphilis in the teeth. The report of the ophthalmic surgeon to St. Mary's Hospital was that there was "pannus" of the eye, but no symptoms either for or against the diagnosis of syphilis.

(2) A case of "*Pseudo-pelade of Brocq*." Emma G—, aged 28 years. Hair began to come out five years ago at the top of the scalp. No

subjective sensation in connection with the loss of hair. The mother had also lost her hair at the age of thirty-eight, and the hair has never returned. The beginning of the loss of hair in this patient was not specially remarked. No redness seen. *Nil* elsewhere. Father died suddenly of a "complication of diseases." No phthisis.

Present condition.—The vertex is the principal seat of disease, and for an area about 5 × 3 inches there is a bald expanse with some few isolated hairs, quite long and apparently normal, but with unusually deep infundibula of the follicle. The wide area is bounded by irregular contour, there being small, round, bare patches in parts at the junction of the central area.

In this way the baldness is encroaching upon the hairy scalp, especially at the back.

The hairs can be readily pulled out without having the root-sheath adherent to the bulb; hairs extracted in this way, cut into fine pieces and planted on agar and serum respectively, produced no culture within forty-eight hours.

(3) Sections from a case of *Urticaria pigmentosa* in an adult, a private patient who had promised to come to the Society that day, but had been prevented. The patient was a married lady, aged 40 years, who for the previous eight years had had a slowly-increasing eruption of macules on the forearms. She had been seen by Dr. Dewey, of Portsmouth, who had been kind enough to obtain a section of the skin, now shown. This demonstrated the presence of mast cells in abnormal numbers in the papillary body of the corium, around the surface vessels in that part, and confirmed the diagnosis of *Urticaria pigmentosa*. The case recalled clinically and in its history an adult case shown by Sir Malcolm Morris at the Dermatological Society of London, in which the diagnosis of *Urticaria pigmentosa* had been made, but without the confirmation of a section of the skin. *Urticaria pigmentosa* with the history of commencement at so late an age was excessively uncommon in adults. In the present instance the husband had had syphilis and it had been feared that the eruption in the wife was syphilitic.

Dr. J. M. H. MACLEOD showed a case of "*Dermatitis papillaris capillitii*" (Kaposi). The patient was a healthy-looking woman, aged 32 years, who was sent up to Charing Cross Hospital by Dr. Thomas

Pearson, of Peckham Rye, four months ago on account of a pustular affection of the scalp, which had proved singularly resistant to treatment. At that time the scalp was found to be covered in places with adherent greenish-yellow crusts. On raising these up the underlying skin was found to be irregular, raised, and moist from a sero-purulent discharge. The affection had its origin several months before in an injury to the back of the scalp by a hat-pin, which had resulted in a suppurating sore. This had healed, but the present eruption seemed to have developed in consequence of it. An examination of a number of short hairs on the patches was made to see if any fungus was present, as several of the patches somewhat suggested Kerion ringworm. The hairs came out easily and were surrounded by a purulent sheath. No ringworm fungus was found. From the clinical appearance and history of the lesions the diagnosis was made of a vegetating pyodermic infection, of the type described by Kaposi under the heading of "Dermatitis papillaris capillitii." Antiseptic treatment was recommended, which was thoroughly carried out but had comparatively little effect, and the patient was again sent up to the hospital a week before she was exhibited to the Society. Her condition when seen again was as follows: The hair was clipped close over the affected area and the crusts had been entirely removed from two lesions. Extending from the forehead to the upper part of the occiput were a number of irregularly-shaped, pinkish-red, vegetating patches, varying in size from a split-pea to a couple of inches in diameter. The vegetations were regular, rounded on the top, and were all about $\frac{1}{4}$ th of an inch in height, and about the size of a split-pea. Much of the hair had disappeared over the patches, but here and there tufts of hair were noticed projecting from the vegetations, or growing up between them. The pre-auricular and post-auricular glands, especially those of the left side, were enlarged. The case seemed to belong to the type described by Kaposi, but differed from the classical cases in that it did not affect the nucha and the neighbouring occiput, and there were no pronounced keloidal changes. It was decided to treat the case by X-rays, and a full Sabouraud dose was given to each of the patches.

Dr. H. RADCLIFFE-CROCKER showed a private case, the patient being a lady, suffering from *Mycosis fungoides*. The lesions on the face had been treated with the X-rays, but had not altered so much as the

lesions in other parts, which had been treated with internal administration of salicin. The characteristic tumours were fairly abundant on the limbs and shoulders.

Dr. PERNET drew attention to the fact that the ancestors of patients suffering from this disease had frequently been long-lived on one or other side of the family. It proved to be so in this case.

Mr. HARTIGAN asked for particulars as to the X-ray exposures, and whether the arm as well as the face had been exposed.

Dr. CROCKER said that he gave only one short exposure for the arm, and as the lady was anxious about her face the X-ray treatment was then concentrated there. The face received ten short exposures, with about $\frac{2}{10}$ this of a milli-ampère in the tube.

Dr. RADCLIFFE-CROCKER and Dr. PERNET showed an unusual case of *pustular, vegetating dermatitis, with pigmentation changes*, in a woman, aged 26 years. The disease had been going on for nearly two years, commencing on the scalp, according to Dr. Ransome, of Bungay, who had observed the case from the first. The parts affected were the scalp, the nares, the left eyebrow, the right axilla, pubic and adjacent regions of the genitalia, and the greater part of the centre of the back. The condition came apparently nearest to what had been described by Hallopeau as *Dermatite pustuleuse chronique en foyers à progression excentrique*, but had also affinities with Impetigo herpetiformis. In the present case the disease commenced some six months after confinement; child living and healthy. The opsonic index to staphylococcus was 1.26. A drawing was shown of the patient's condition when first admitted to Univ. Col. Hospital, and also Hallopeau's, Neumann's, and Hebra's plates. The case is being worked out and details will be published later as a paper.

Mr. HARTIGAN asked whether any histological examination had been made, and if so whether any organisms had been found in the lesions?

Dr. PERNET said that they had not finished the examination. They had not yet looked for fungus elements.

Mrs. T. D. SAVILL sent a case of *Lichen plano-pilaris* to be shown by Dr. T. D. Savill, which in his absence was exhibited by the Secretary. The patient was a married woman, aged 30 years. She had two healthy children, and considered that she possessed good health. Her mother had died of "consumption" at the age of 34, her father, three sisters, and a brother were alive and healthy. The patient was first seen on April 28th, 1908, and gave a clear account of her

malady. In the middle of March she had first noticed on the external surface of the right thigh a number of "rough grey pimples"; gradually a redness of the skin had spread between these. A few weeks later similar eruptions had started on the trunk, chiefly on the anterior surface of the chest; and when "red spots" began to appear on the arms, about the end of April, she thought it time to seek advice. Only slight itching had been present at any time. She had also experienced more lassitude than usual, but had not been prevented from performing her customary duties.

When the patient was first examined the eruption presented three distinct clinical types:

(1) On the external and extensor aspect of the right thigh, where the disease had first appeared, there was an irregular patch, somewhat larger than the palm of the hand, of reddened thickened skin, covered with spines which projected from the surface quite $\frac{1}{4}$ th of an inch. These could be picked out, a gaping follicle with wide mouth being left behind.

(2) On the chest and abdomen were numerous groups of tiny, conical papules; some of these had horny spinous projections similar to those on the thigh. There was, however, no redness at the base of these papules, and the intervening skin was healthy.

(3) On the right arm were five or six definite Lichen planus papules, violet in hue, flat-topped and waxy in appearance.

On June 18th, after emollient treatment had been employed for nearly six weeks, the change in the eruption may be briefly described as—(1) on the thigh the horny projections were less prominent; (2) new groups of conical papules had appeared on the trunk, and in the old groups a degree of congestion was visible at the base of and spreading between many of the papules; (3) many definite new papules of Lichen planus were scattered about on the forearms.

Microscopic sections were taken from the thigh and the arm on April 28th. The section from the thigh representing the clinical appearance described under (1) above showed follicles widely dilated, especially at the mouth, and full of horny material, *i. e.* a hyperkeratosis was present in the hair-follicles. Between the follicles the epithelium presented the condition of a Lichen planus papule, with swollen or hyaline cells, and marked small cell infiltration immediately beneath the Malpighian layer. The section taken from the

arm showed, as was expected from the clinical appearance, a typical Lichen planus papule. On June 16th a section was taken from an old group of conical papules on the chest, with some congestion at their bases (two above). The follicles were similar to those found in the section from the thigh; infiltration of the corium was present around the follicles, and spreading to the intervening parts; between the follicles the epithelium was thrown into irregular ridges, and below one of these ridges considerable infiltration was present in the corium, suggesting that a Lichen planus papule was in process of formation in that situation.

Dr. J. H. STOWERS showed (1) a case of *Lupus erythematosus in a child*. The patient, a girl, aged 5 years and 2 months, was sent to the Hampstead and North-West London Hospital on account of a symmetrical eruption of the face of several months' duration, involving the cheeks, nose, eyelids and forehead.

When first seen the inflammatory redness and swelling—quite erysipelatoid in appearance—were so marked, especially at the margins, and the secondary encrustation so considerable, that it was impossible to decide immediately upon the exact nature of the case.

A week later, after the removal of crusts, etc., the inflammatory swelling and surrounding œdema having lessened, the characteristics of the disease were distinguishable.

At that time the ears were not implicated, the mucous membrane of the mouth was free, and the surface of the body generally was normal. There was, however, upon the scalp a rough scaly patch of irregular shape about two inches in diameter on which hairs of disordered nature and some superficial scarring were visible. This patch was stated to have existed for over two years and to have been actively treated for "ringworm," but a microscopical examination by one of the resident medical officers was attended with negative results.

It is more than probable that this is part of the original development of the present disease.

Quite recently the skin of the ears has become implicated and the eruption is now spreading in a discrete form, with some coalescence upon the forearms attended with itching.

So far the general health of the child has remained fairly good,

but the parents are in poor circumstances—the father being out of employment—consequently she has suffered from the want of appropriate food, etc.

The urine upon examination did not contain albumen and the specific gravity was normal.

There is no history of tuberculosis in the family, but it is quite possible that the glandular affection of the neck was of tubercular nature although corroborative evidence does not now exist.

The patient is to be admitted into the Children's Ward for observation and treatment, and a subsequent report will be made to the Section.

The special features of the case among others are :

(a) The age of the patient, but few instances of Lupus erythematosus occurring in early childhood being recorded ;

(b) The rapid onset and markedly inflammatory nature of the disease ; and—

(c) The symmetrical and increasing development upon the fore-arms.

Dr. CROCKER said that he had drawn attention to cases of Lupus erythematosus in which the patients had been of tender age. The earliest age he had found a patient suffering from this disease was five years.

Dr. PERNET asked whether any albumen had been found in the urine.

Dr. STOWERS said that the urine was normal ; it had been examined that day.

(2) A case of *Molluscum contagiosum in an adult*. A young married woman, aged 22 years, was exhibited with numerous lesions of this ailment existing upon the dorsal surface of each hand and upon the extensor and flexor aspect of each forearm. They were first noticed about seven months ago, and have rapidly increased in number since. The patient had been engaged in nursing several infants last year, previous to her marriage at Christmas, but no history of contagion was obtainable.

Several of the nodules were flat and elliptical in shape, due to coalescence of the lesions, but the vast majority were characteristic in appearance, having the usual umbilicated centre.

Dr. WHITFIELD said that certain birds, such as pigeons, linnets, and domestic fowls, suffered from a similar disease, and when handled they sometimes caused the affection to be set up in the human subject. In reply to Dr. Whitfield, the patient said that she kept a linnet.

Dr. WHITFIELD showed (1) a photograph of the axilla of a girl, aged 18 years, who had contracted *syphilis*, as far as could be ascertained, about four months ago. When seen the throat showed the common type of grey erosion, and on the neck was a slight increase of pigmentation with leucodermic areas (leucodermia syphilitica). There was no eruption elsewhere with the exception of typical condylomata in the axillæ, from one of which the photograph was taken. Dr. Whitfield said that although a well-known possibility, the occurrence of condylomata in the axillæ was not, in his experience, common. He thought when he saw the lesions that it would afford good material for demonstrating the *Spirochæta pallida*, and this had proved to be the case.

(2) A preparation from the foregoing case stained by Leishman's method. Dr. Whitfield said that he had obtained far better specimens by this than any other method, and he had, he thought, tried most of those published.

The specimen was fixed with methyl alcohol, then washed over with normal human serum, and then stained for an hour under cover with equal parts of Leishman's stain and distilled water. It was then washed for about a minute in distilled water, dried in air, and mounted.

(3) A photograph of the specimen at a magnification of about 1700 diameters. This was shown to demonstrate how well the purple-red of Leishman's stain lent itself to photography, even in the case of such delicate organisms as the *Spirochæta pallida*.

Dr. CROCKER said that the specimens were excellent. With regard to condyloma in the axilla, he thought it only occurred among people whose bodies were very moist. He could not remember any special case.

CURRENT LITERATURE.

A QUARTA MOLESTIA (THE FOURTH DISEASE). MODESTO GUIMARÃES, Rio de Janeiro (Petropolis), 1907. (*Sixth Brazilian Congress of Medicine and Surgery*, 1907.) [Reprint.]

WITH regard to the "Fourth Disease," first described in this country by Clement Dukes, and referred to by Filatow in his 'Diseases of Childhood,' Guimarães concludes as follows:

(1) That the above condition is not a variety of rubeola (rötheln); (2) that

it is not an attenuated (modified) scarlatina; (3) that the disease described by Filatow and Dukes is in fact a "fourth disease," a clinical entity of an acute, infectious, and contagious nature, and quite distinct from measles, röteln, and scarlatina. A bibliography of thirty-nine references is attached.

G. P.

DIPHTHERIA OF THE SKIN.

- (1) IMPETIGO AND ECTHYMA DUE TO *BACILLUS DIPHTHERIÆ*. R. LABBÉ and DEMARQUE. (*Rev. Mens. des Mal. de l'Enfance*, February, 1905, vol. xxii, p. 49.)
- (2) DIPHTHERIA OF THE SKIN OF THREE YEARS' DURATION TREATED BY ANTITOXIN. A. B. SLATER. (*Lancet*, January 4th, 1908, p. 15.)
- (3) A CASE OF SEVERE ECTHYMA FROM WHICH DIPHTHERIA *BACILLUS* HAS BEEN ISOLATED. A. EDDOWES. (*Lancet*, February 1st, 1908, p. 284.)
- (4) DIPHTHERITIC DERMATITIS (CASE 4, WITH THE CLINICAL PICTURE OF INFANTILE ECTHYMA). A. SCHUCHT. (*Archiv f. Derm. u. Syph.*, Neisser's Festschrift, 1907, p. 105.)

IN the early part of the nineteenth century cases of cutaneous diphtheria were described by Trousseau and by others in which diphtheritic membranes formed upon pre-existing skin sores or upon wounds of various kinds. In some of these cases the lesions were extensive, and many of them were fatal. Such cases of diphtheritic infection of the skin with membrane formation are still recorded from time to time (e.g. C. Bolton's case, *Lancet*, April, 1905; several of Schucht's cases, *Archiv f. Derm.*, Festschrift, 1907).

Another form of infection of the skin, the whitlow, sometimes seen in nurses and doctors, is described (Seitz, *Corresp. f. Schweizer. Aertze*, November 1, 1899; Hare, *Lyon Medicale*, January 28th, 1900).

The cases recorded by Slater and Eddowes, Schucht's fourth case, and the earlier cases of Labbé and Demarque, the reports of which are briefly abstracted below, form a third and hitherto unrecognised form of cutaneous diphtheria:

(1) *Cases of Labbé and Demarque*.—CASE 1.—A child, aged 4 years, with an impetiginous and ecthymatous eruption, disseminated and generalised. On the right side of the trunk and on the right thigh there were a number of rounded, sharply-defined ulcers, pustules with umbilicated centre, and crusted nummular patches. About the rest of the body there were red, raised, polycyclical macules. The throat was reddened, but there was no membrane. The temperature was normal and the general condition good. Cultures from the lesions yielded *Staphylococcus* and *Loeffler's bacillus*. Antitoxine was given. Complete recovery took place, with scarring at the seat of the lesions.

CASE 2.—An infant, aged 2 years and 5 months. There was impetigo of the scalp and face—vesicles and crusted lesions, a large excoriated area around the left ear, the lips were excoriated, and there was a crusted patch on the arm. Death took place from pneumonia. *Loeffler's bacillus* and *staphylococcus* and *streptococcus* were obtained from a lesion on the chin.

Both cases had suggested ecthyma, but the tenacity of the lesions led to their more careful study. There were no false membranes in the lesions of either case.

(2) *Slater's case*.—A girl, aged 13 years. She had suffered continuously for three years with a wide-spread vesicular eruption (resembling herpes). The lesions were mainly upon the face, the scalp, the ears (extensive raw weeping areas on and around), the neck and shoulders, and the vulva (extending thence on to the abdomen and thighs, as erythematous areas studded with vesicles). This condition had not improved under ordinary local treatments, nor under mercury and iodides. It cleared up in three weeks with antitoxine injections. *Loeffler's bacillus* and *staphylococcus* were found by culture in the lesions, and positive results were obtained by inoculation of a guinea-pig. The affection appeared to have started in the conjunctiva three years previously.

(3) *Case of Eddowes and Hare*.—A girl, aged 11 years. Bullæ were present on the arms, the hands, and the lips; on the left anterior pillar of the fauces there was a ruptured and healing vesicle, without any membrane. The general condition was bad, and the patient was admitted on that account. *Klebs-Loeffler bacillus* was found in the lesions, and cultures were made, and a positive inoculation result was obtained. The bullæ also yielded *staphylococcus* and *streptococcus*. Recovery was rapid, without antitoxine.

(4) *The fourth case reported by Schucht* (see reference above).—A boy, aged 3 years, presented the clinical picture of infantile ecthyma. The upper third of the right thigh, the buttocks, the region behind the ear, part of the left thigh, and the right forearm were the seats of sharply circumscribed rounded ulcers, with a larger ulcer in the genito-crural fold. The primary efflorescence was a blister, which, breaking, gave rise to a superficial ulcer. The surface of the ulcer granulated, or became covered with yellowish membrane. *Loeffler's bacillus* was found in the lesions. The child died of tuberculosis and meningitis from an otitis media.

H. G. A.

A CASE OF PITYRIASIS RUBRA (HEBRA) WITH LYMPH TUBERCULOSIS. O. MÜLLER. (*Archiv f. Derm. u. Syph.*, October, 1907, lxxvii. p. 255).

THE possible relationship of Pityriasis rubra of Hebra and tuberculosis has frequently been commented upon, and cases illustrating this association have been recorded by Doutrelepont, Bruns, and others. The case here described is another instance of it. The patient was a woman, aged 57 years, who came under the writer's observation at Dr. Fabry's clinique at Dortmund in 1906, suffering from Pityriasis rubra. Until three years previously she had enjoyed fairly good health, and there was no history of tuberculosis in her family. The dermatitis began with the appearance of red itchy patches about the axillæ and scapular regions. These gradually spread and new ones developed, till the whole skin became more or less affected. When she came under observation she had a universal scaly dermatitis of the type of Pityriasis rubra. The skin was red or brownish, tense, itchy, and covered with scales. The nails were involved, and were discoloured, opaque, and ridged. The patient was thin, and the supra-clavicular and infra-clavicular regions were sunken. On physical examination crepitations and loud expiration were detected at the right apex. The lymphatic glands were enlarged, some forming small indolent nodules and others large tumours. One of the enlarged axillary glands suppurated, and was incised,

and tubercle bacilli were found in the pus. A guinea-pig was inoculated with the pus, but with negative results. On account of febrile attacks and bronchitis, as well as the condition of the skin, the patient was confined to bed. Various internal remedies was tried, such as arsenic, salicylate of sodium, to reduce the tension of the skin, and 2 per cent. boro-vaseline was applied locally. The further history of the case is not given.

J. M. H. M.

ON ERYTHRODERMIA EXFOLIATIVA UNIVERSALIS PSEUDO-LEUKÆMICA. WECHSELMANN. (*Archiv f. Derm. u. Syph.*, 1907, lxxxvii, p. 205.)

IN this paper a case of generalised exfoliating dermatitis is described, which was associated with marked enlargement of the lymphatic glands. The patient, a man, aged 45 years, came under the observation of the writer at the Dermatological Clinic of the Rudolf Virchow Krankenhaus at Berlin in June, 1905. Until a month before he had enjoyed excellent health, and had never suffered from cutaneous disease. In May he noticed that red patches had appeared on the back of the right foot, shoulder, and chest. These patches were smooth, about the size of a mark, and were very itchy. He consulted a physician concerning them, and was treated at first for eczema and subsequently for scabies, having had balsam of Peru rubbed into his skin six times. After the anti-scabies treatment his skin became universally affected, and he came to the Clinic. When he was seen there his skin was dark red in tinge and swollen, but not definitely œdematous, and covered with scales. It was intolerably itchy, and where it had been scratched and the surface excoriated there was some oozing, but otherwise there was no moisture. The epidermis of the palms and soles was much thickened and fissured. The lymphatic glands were enlarged, especially those in the axillæ, inguinal regions, and neck, some of the glands being as large as walnuts. The spleen and liver were not enlarged. An examination of the blood showed that it was not markedly altered; there was a slight diminution in the number of leucocytes, the relative proportion of eosinophiles being increased to 17·4 per cent. Early in 1906 some of the glands suppurated, and it was deemed advisable to scrape them. At the same time the most prominent of the other glands were excised. After the extirpation the itching of the skin diminished, and the night after the operation was the first time that he had been free of itching since the disease began. The general condition of the skin also improved under the internal administration of arsenic, in the form of subcutaneous injection of the sodium arseniate and atoxyl.

J. M. H. M.

OBSERVATIONS UPON TREPONEMA PERTENUIS (CASTELLANI) OF YAWS AND THE EXPERIMENTAL PRODUCTION OF THE DISEASE IN MONKEYS. P. M. ASHBURN and CHARLES F. CRAIG. (*The Philippine Journ. of Science*, October, 1907, p. 441.)

IN this interesting contribution, which emanates from the laboratory of the United States Army Board for the Study of Tropical Diseases as they occur in the Philippine Islands, the writers give an exhaustive description of the

Treponema pertenuis, and record a series of experiments on the production of yaws in monkeys. In February, 1905, Castellani, while investigating the ætiology of yaws at Colombo, discovered spirochætæ in the serum of yaws lesions, one of which closely resembled the *Treponema pallidum* (*Spirochæta pallida* of Schaudinn and Hoffman). This organism he named the *Spirochæta pertenuis*, but as it belongs to the genus *Treponema* the name *T. pertenuis* has been substituted. Wellman, in South Angola, Africa, was the first to confirm Castellani's observations, finding the organism in scrapings from yaws lesions in one case.

Further confirmations have been made by Powell, Borne, and MacLennan. This treponema was found by Castellani in the serum from non-ulcerated lesions and in smaller numbers in the ulcerated lesions of yaws. The organism is extremely delicate, and varies in length from a few μ to twenty or more. It is spirilliform, presenting numerous uniform small waves. He was unable to distinguish it from the *S. pallida* of Schaudinn, and in this opinion Schaudinn himself concurred.

Yaws appear to be a more common disease in the Philippine Islands than was formerly supposed, and this is especially the case throughout all the region about Paranaque and in certain towns of the Tarlac Province. The writers examined ten cases for the organism and found it in all of them. The preparations were made from smears of the clear serum which exuded from the lesions of yaws after the removal of the crust, stained with either Wright's or Giemsa's stain, but preferably the latter. Two papillomata were excised, and sections of these stained by Levaditi's method showed the organism in large numbers lying among the epithelial cells. A variety of types of the *Treponema pertenuis* were noted according to the number of tissues, the character of the ends, whether pointed or blunt, and other minor differences. The mobility of the organism as seen in wet preparations varies from an active movement like a "flash of glancing light" to a scarcely observable sluggish motion. No evidence of flagella or undulating membrane was detected. Various other points are discussed at length, such as the dividing forms, viability, cultivation in capillary tube preparations of the serum, and biological position of the organism. With regard to the question of pathogenesis it has been stated that the disease is inoculable on lower animals, notably cats and monkeys. The only animal on which the authors experimented was the monkey named the *Cynomolgus philippinensis*. Of these five were inoculated, using serum from the yaws of three different patients. All five monkeys developed yaws of a sufficiently characteristic appearance to permit of diagnosis based on that feature alone, and *T. pertenuis* was recovered from all the lesions. The monkeys, however, did not show the secondary lesions of a generalised infection, nor were the authors able to produce yaws in other monkeys by inoculating them with the blood or splenic juice of an infected animal. The yaws lesions did spread, and in that way give rise to what might be termed secondary lesions, but this was always by continuity, and there was no suggestion that it was through a general blood or lymph infection. The experiments on the five monkeys are described in detail. In addition to these, four other monkeys of this low type were inoculated with syphilis with negative results. This fact, in addition to the observations by Neisser, Baermann, Halberstädter, and Castellani that monkeys susceptible to both yaws and syphilis can be infected with both, no immunity being conferred against the one

by an attack of the other, further confirmed the belief of the authors that yaws and syphilis are distinct diseases. As a result of their observations they conclude (1) that *Treponema pertenue* is the cause of yaws; (2) that *T. pertenue* and *T. pallidum* (though indistinguishable morphologically) can be distinguished by the results obtained from the inoculation of monkeys. An extensive bibliography and a series of excellent micro-photographs are appended.

J. M. H. M.

[It is unfortunate in the alteration of the name *S. pertenue* to *Treponema pertenue* that the more correct *Treponema pertenue* had not been substituted.]

**CALMETTE'S OPHTHALMO-REACTION FOR TUBERCULOSIS:
A SUGGESTION OF CAUTION IN ITS USE.** ALEX. NAPIER.
(*Glasgow Med. Journ.*, January, 1908, p. 4.)

IN this short contribution the writer has made an important observation with regard to the new ophthalmic-tuberculin reaction in the nature of a warning that possibly the test is not quite so harmless as it is said to be. His observation is based on a similar experience in two cases which he recently inoculated. In Case 1, a man, aged 50 years, suffering from peripheral neuritis, had a few drops of sterile tuberculin solution instilled into his right eye; this was followed by no reaction. Five days later $\frac{1}{10}$ mgr. of new tuberculin was injected under the skin and no reaction supervened. Three days later 1 mgr. was injected with no reaction. Four days later 5 mgr. new tuberculin was injected subcutaneously, and next day—that is, thirteen days after the instillation into the right eye—that eye, and that eye only, was found to be acutely inflamed and a sharp reaction occurred there, associated with a mild general reaction. Case 2 was that of a girl under treatment for Lupus vulgaris, who had a few drops of the sterile tuberculin solution instilled into the left eye, on October 11th; this was followed by a slight conjunctivitis. On October 23rd, treatment by the new tuberculin, which had been suspended for a time, was resumed, $\frac{1}{5}$ mgr. being given, 1 mgr. on the 26th, and 1 mgr. on the 29th, and no local ocular reaction followed. On November 1st, however, twenty-one days after the tuberculin had been instilled into the eye, 1 mgr. was injected under the skin, and this was followed in an hour or two by a sharp conjunctivitis involving only the left eye. On November 5th and on November 9th, and after each subsequent injection, the inflammation of the left eye returned.

The point which is brought out by these cases, which have been recorded in detail, is that even when no apparent ophthalmic reaction occurs, a local change is brought about, which causes a local reaction to take place with a moderate dose of tuberculin into the general circulation, just as a latent tubercular focus would react. It is uncertain whether this conjunctival irritability occurs only in the tubercular subject.

It is not quite clear from the descriptions of the technique if Calmette's method was sufficiently adhered to. The writer records that he instilled a "few drops of the sterile tuberculin." It is an advantage to be more precise and employ one drop of a 1 per cent. solution in distilled water, freshly made from the dry powder prepared by the "Institut Pasteur" at Lille.

J. M. H. M.

ERYTHEMA TOXICUM BULLOSUM AND HODGKIN'S DISEASE.BRUNO BLOCH. (*Archiv f. Derm. u. Syph.*, October, 1907, lxxxvii, p. 217.)

IN this contribution a case of pseudo-leukæmia is described, in which the disease was associated with a bullous erythema. The patient was a woman, aged 52 years, whose illness seemed to begin in 1904 with a severe attack of bronchitis. This was succeeded by pleurisy. The skin next became affected with an erythemato-bullous eruption, the bullæ varying in size from a split-pea to a two-franc piece. Vesicular lesions also occurred in the mucous membranes of the mouth, nose, and labia. Later, the liver and spleen became enlarged, and also the lymphatic glands. A blood examination showed a diminution in leucocytes. The general condition of the patient became gradually worse, a number of the skin-lesions became gangrenous, symptoms of nephritis were detected, and the patient died two years after the illness commenced, in a state of profound marasmus. In discussing the case, the writer divides the skin-lesions which may occur in connection with pseudo-leukæmia into two distinct types: (1) nodules and tumours in the skin, with an analogous histological architecture to that which occurs in the lymph-glands, spleen, etc.; and (2) more or less universal forms of dermatitis, which may be erythematous, urticarial or bullous, and have neither clinical nor histological features which are characteristic. He discusses also the possible relation of the type of case associated with generalised forms of dermatitis with tuberculosis, and refers to two cases recorded by Sternberg, in which tubercle bacilli were found. The case described by the writer, though certain features of it were suggestive of tuberculosis, did not afford any positive evidence of being so.

J. M. H. M.

LIST OF BOOKS, PAMPHLETS, ETC., RECEIVED.

From J. B. BAILLIÈRE ET FILS, Paris. *Syphilis et Cancer*. By Dr. RENÉ HORAND. Price 1fr. 50.

From ALFRED HÖLDER, Vienna, 1908. *Die Hautkrankheiten*. By Dr. A. JARISCH. Edited by Dr. RUDOLPH MATZENAUER. Two vols. Price 26m.

From ALFRED HÖLDER, Vienna, 1908. *Die Erkrankungen der Weiblichen Geschlechtsorgane*. By Professor R. CHROBAK and Professor A. v. ROSTHORN. Part II. Price 20m.

From JULIUS SPRINGER, Berlin, 1908. *Kosmetik*. By Dr. EDMUND SAALFIELD. Price 3m. 60.

From SPIELHAGEN & SCHURICH, Vienna and Leipzig, 1908. *Die Perkutane Entgiftung*. By Dr. F. SCHÜRER v. WALDHEIM. Price 8m. 50.

From WILLIAM GREEN & SONS, Edinburgh and London, 1908. *Introduction to Dermatology*. By NORMAN WALKER, M.D., F.R.C.P. Price 9s. 6d. nett.

From H. K. LEWIS, London, 1908. *Catalogue of Lewis's Circulating Library*, revised to end of 1907. Price 5s. nett, and 2s. to subscribers.

From HODDER & STOUGHTON, London, 1908. *A System of Syphilis*. Edited by D'ARCY POWER, M.B., F.R.C.S., and J. KEOGH MURPHY, M.D., F.R.C.S. Vol. i. Price £2 2s.

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